

State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744-P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
August 4, 1983

Department of Health Services
P.O. # 3962
Shipper 11634

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83212218

GENERATOR NAME AND MAILING ADDRESS

PARA PLATE (Max)
3242 E. Olympic Blvd.
Los Angeles, CA 90023

AREA CODE/PHONE NUMBER

213/268-4281

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER

213/698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO.

WASTE
CAT. NO.

Hazardous waste, Liquid N.O.S.-ORM-E
(FLEXOSOLVENT)

N A 9 189

080

G

0 2 DM 2 11 01

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

Perchloroethylene

70 60

N-Butyl Alcohol

14 12

Photo Polymer Resin

30 20

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO. DAY YR.

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO. DAY YR.

Printed or typed full name and signature

C A 00-4 2 245 0 0 1

0 8

8 3

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF